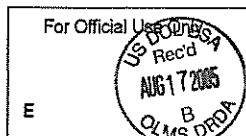


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>11470</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Bruce</u> <u>E</u> <u>Monaco</u>  P.O. Box, Bldg., Room No., if any <u></u> Street <u>8750 W. Bryn Mawr, Suite 440</u> City <u>Chicago</u> State <u>Illinois</u> ZIP Code + 4 <u>60631-3545</u>	4. Name, file number, and address of labor organization. Name <u>Laborers' International Union of North America</u> Labor Organization File Number <u>000-131</u> P.O. Box, Building and Room Number, if any <u></u> Street <u>905 16th Street, Northwest</u> City <u>Washington</u> State <u>District of Columbia</u> ZIP Code + 4 <u>20006-1765</u>
5. Position in labor organization. <u>International Representative</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u></u> Trade Name, if any: <u></u> P.O. Box, Bldg., Room No., if any <u></u> Street <u></u> City <u></u> State <u></u> ZIP Code + 4 <u></u>	7.a. Nature of Interest, Transaction, or Income. <u></u>  7.b. Amount. <u></u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>R. E. MW</u>	On <u>8-11-05</u> Date	<u>773-693-7990</u> Telephone Number

Name of Person Filing Bruce Monaco

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Chicagoland Laborers' Training &amp; Apprentice

Trade Name, if any:

P.O. Box, Bldg., Room No., if any P.O. Box 88658

Street

City Carol Stream

State Illinois

ZIP Code + 4 60188

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 11.a. Nature of such dealing.

Provides training and education benefits to the LIUNA membership of Chicago and Vicinity.

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

2/27/2004

Attended Apprentice Graduation Banquet

## 12.b. Amount.

\$67

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

## 14.b. Amount of payment.

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Chicago Area LECET

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 999 McClintock Drive, Suite 302

City Burr Ridge

State Illinois

ZIP Code + 4 60527

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 11.a. Nature of such dealing.

Laborers-Employers Cooperation and Education Trust (LECET) secures projects and jobs, increases union-sector market share, advertises their services, develops a workforce, and advances shared market-related interests.

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

3/25/2004

Attended Chicago Area LECET Safety Awards Luncheon

## 12.b. Amount.

\$49

BRUCE MONACO  
LABORERS' INTERNATIONAL UNION OF NORTH AMERICA  
FILE NUMBER U -

ADDENDA TO THE LM-30 FORM WHICH IS TO  
BE INCORPORATED AND MADE PART OF THE LM-30 FORM

ADDENDUM E [MEALS/EVENTS WITH FRIENDS]

I have personal friendships with individuals who may be employed by reportable entities under the LMRDA, which exist separate and apart from my role as a union officer/employee. In 2004, it is conceivable that I received the benefit of a meal, refreshment or social event from these individuals, which I did not report because I do not have any records of these personal encounters and/or have no specific recollection of any benefits received.

ADDENDUM F [MEAL/EVENTS WITHOUT SPECIFIC RECORDS OR RECOLLECTION]

It is conceivable that I received the benefit of a meal, refreshment or social event from an individual who may be employed by a reportable entity under the Labor-Management Reporting and Disclosure Act, which I did not report because I do not have any records of these encounters and have not specific recollection of any benefits received.

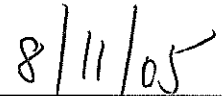
ADDENDUM G [PAC]

I am not reporting any benefits that I may have received from a political action committee ("PAC") My understanding is that PAC's report all receipts and disbursements under the federal Election Campaign Act, and I do not need to report under the Labor-Management Reporting and Disclosure Act.

ADDENDUM H [UNION TO UNION BENEFITS]

I am not reporting any benefits that I may have received in 2004 from labor organizations affiliated with the Laborers' International Union of North America ("LIUNA"), my employer, or other labor organizations. My understanding of guidance received by the AFL-CIO from the Department of Labor is that benefits received from LIUNA-affiliated labor organizations and other labor organizations are not reportable on the LM-30 report, and I am following that guidance.

  
\_\_\_\_\_  
BRUCE E. MONACO

  
\_\_\_\_\_  
DATE



# LABORERS' INTERNATIONAL UNION OF NORTH AMERICA

GREAT LAKES REGIONAL OFFICE

8750 West Bryn Mawr Avenue • Suite 440 • Chicago, IL 60631

Phone: (773) 693-7990 • Fax: (773) 693-3831



August 11, 2005

TERENCE M. O'SULLIVAN  
General President

ARMAND E. SABITONI  
General Secretary-Treasurer

*Vice Presidents:*

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General President

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VINCENT R. MASINO

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MANO FREY

ROBERT E. RICHARDSON

JOHN F. HEGARTY

MICHAEL S. BEARSE  
General Counsel

U.S. Department of Labor  
Employee Standards Administration  
Office of Labor-Management Standards  
200 Constitution Avenue, NW  
Room N-5616  
Washington, D.C. 20210

Re: Form LM-30 Filing for Bruce E. Monaco

Dear Sir or Madam:

Enclosed is my Labor Organization Officer and Employee Report LM-30 for the 2004 reporting period. In filing the report, I have reviewed all of my available 2004 records as well as my recollection. I have provided my best estimate or an estimated price range for the value of the benefit received where I have no knowledge as to an exact amount.

As you know, it was not until March of this year that the Department of Labor initially announced its intention to provide additional guidance to the reporting community concerning the LM-30 report, to seek systemic compliance with these requirements, and to apply standards adopted in 2005 retroactively to 2004 as a base year in that effort. Further, the Department since that time has continued to issue and revise its compliance advice, including guidance regarding related benefit funds. My understanding is that the Department's guidance to date on LM-30 reporting is still changing and remains uncertain in various particulars.

It may be possible that a covered employer or business not listed on my LM-30 report for 2004 provided something of value as to which I have no documentary record nor any present specific recollection. In accordance with your guidance, it is my understanding that, in that circumstance, I am not required to take any further action.

This filing reflects my good faith effort to comply with the LM-30 reporting provisions and in doing so, I have relied upon the evolving guidance from the Department. The enclosed material represents my best recollection and estimate of all lawfully reported benefits that I received in 2004.

Sincerely,

BRUCE E. MONACO  
Intl. Representative

/kf  
Enclosure

HEADQUARTERS:  
905 16th Street, NW  
Washington, DC  
20006-1765  
(202) 737-8320  
Fax: (202) 737-2754



**Strong, Proud, United**